



Merrimack Fire Department

432 Daniel Webster Highway
Merrimack NH 03054
603-424-3690



Blasting Damage Complaint Form

OFM-FRM-105

(Please type or print clearly)

This form shall be completed prior to any action being taken. The form shall be completed by the property owner or authorized legal property representative (Claimant).

1. SUBJECT PROPERTY/LOCATION

Address: _____ Tax Map/Lot Number: _____

Date of Report: _____ Date of Incident: _____ Time of Incident: _____

2. PROPERTY OWNER

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Cell Number: () _____

3. CLAIMANT/AUTHORIZED LEGAL PROPERTY REPRESENTATIVE

Name: (if different) _____

Relationship to Property Owner: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Cell Number: () _____

4. DESCRIPTION OF DAMAGE

Type of Damaged: Single Family Residence Multi Family Residence Industrial Structure Commercial Structure Outbuilding < 100 Sqft Outbuilding > 100 Sqft Other Building/Structure Flyrock Damage Other Property Damage (explain damage(s) below)
